## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

'	331
FILING FEE	Annual Reg

FILED 97 MAR 17 AM 8: 24 OC STATE

				₹ PARTITONE	ACION
FILING FEE \$ 203.75		00 + \$103.75 Corporation Suppli To: FLORIDA DEPARTM		SECHETARY UT TAILAHASSEE,	France
Name and Ma of Limited Liab		IMENT #M960000		1 11 11 11 11 11 11 11 11 11 11 11 11 1	
S&G PACKAGING COMPANY, L.L.C. 1.50 NORTH MICHIGAN AVENUE— CHICAGO IL 60601-7568			1a. Principal Place of Business Address 150 NORTH MICHIGAN AVENUE CHICAGO IL 60601		
Il above mailing a		ough incorrect information and ente	r correction in Block 2a.	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt #, etc.		Suite, Apt. #, etc.	chyan/w	7)7/17/1996 4. FEI Number	PE CONTRACT
City & State		City & State			Applied For  Not Applicable
Ζιρ	Country	Zip Ci	ountry	5. Date of Last Report	6. Certificate of Status Desired
Ζιμι	Country	Zip	ountry		S8 75 Additional Fee Required
7.	Name and Address of Curren	t Registered Agent	Name	8. Name and Address of New R	Registered Agent
9. Pursuant to the its registered office as registered age.	e or registered agent, or both, in the nt, and accept the obligations.	and 608.508, Florida Statutes, the State of Florida. Such change w	Sulte, Apt. #, etc  City  ne above-named limiter as authorized by affirm.	L d liability company submits this sta ative vote of a majority of the member	Zip Code  Itement for the purpose of changing ers. I hereby accept the appointment
SIGNATURE		Appointment) (NOTE Registered Agent se	gnature required when reinstating	<del></del>	
10. Title	Managing Members/Manage	rs Bu	usiness Street Address	City, State and Zip Code	
· [	NE CONTAINER CO		MICHIGAN	600002	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:
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E. BYCZYNSKI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER